

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yukio Abe

Serial No.:

Conf. No.:

Filed: 03/16/2004

For: SHOCK DETECTION DEVICE, DISK  
DRIVE, SHOCK DETECTION  
METHOD, AND SHOCK DETECTION  
PROGRAM

Art Unit:

Examiner:

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: MS Patent Application, Commissioner for Patents, Alexandria, VA 22313-1450, on this date.

03/16/04

Date Express Mail No. EV032736732US

22387 U.S. PTO  
10/801403TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are:

- (X) 19 pages of specification, including 9 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- (X) 5 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document.


Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>5</u>	-	<u>3</u>	=	<u>2</u>	x \$ 86.00 = \$ <u>172.00</u>
c) Total Claims	<u>9</u>	-	<u>20</u>	=	<u>0</u>	x \$ 18.00 = \$ <u>          </u>
d) Fee for Multiple Dependent Claims						\$ 290.00 = \$ <u>          </u>
Total Filing Fee						\$ <u>942.00</u>

- (X) A check in the amount of \$ 942.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R., 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,  
GREER, BURNS & CRAIN, LTD.

By

  
Patrick G. Burns, Reg. No. 29,367

300 South Wacker Drive  
Suite 2500  
Chicago, Illinois 60606  
Telephone: 312.360.0080  
Facsimile: 312.360.9315